

# Healthcare Transformation Collaboratives Cover Sheet



**1. Collaboration Name:** Illinois Contraceptive Access Now (ICAN!)

**2. Name of Lead Entity:** AllianceChicago

**3. List All Collaboration Members:**

AllianceChicago  
Erie Family Health Centers  
PCC Community Wellness Center  
Near North Health  
Zora Digital LLC (WMBE)\*

**4. Proposed Coverage Area:** Cook County

**5. Area of Focus:** Access to contraceptive care

**6. Total Budget Requested:** \$4,341,532

## **Application for Transformation Funding Cover Sheet**

### **Primary Contact for Collaboration**

Name: Katie Thiede

Position: Executive Director, Illinois Contraceptive Access Now (ICAN!)

Email: kthiede@alliancechicago.org

Office Phone: 312-~~233-5125~~ 274-0068

Address: 225 W. Illinois St., 5th Floor Chicago, IL 60654

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### **List of entities participating in the collaboration:**

Entity Name: Erie Family Health Centers

Primary contact: Dr. Caroline Hoke

Position: Chief Clinical Officer

Email: choke@eriefamilyhealth.org

Office Phone: 312-666-3474

Address: 1701 W. Superior Chicago, IL 60622

Entity Name: PCC Community Wellness Center

Primary contact: Nilsa Campos

Position: Chief Operations Officer

Email: ncampos@pccwellness.org

Office Phone: 708-383-0113

Address: 14 Lake Street Oak Park, IL 60302

Entity Name: Near North Health

Primary contact: Dr. Stephanie Cox-Batson

Position: Chief Medical Officer

Email: scoxbatson@nearnorthhealth.org

Office Phone: 312-337-1073

Address: 1276 N. Clybourn Ave. Chicago, IL 60610

## **FORM 0. Eligibility Screen**

1. Does your collaboration include multiple, external, entities?

Yes

2. Can any of the entities in your collaboration bill Medicaid?

Yes

## FORM 1. Participating Entities

1. What is the name of the lead entity of your collaborative?

AllianceChicago

### Participating entity information:

2. Please provide primary contact information, secondary contact information, and the Tax ID # of each entity in your collaborative. Please list the lead entity in the top row.

Entity Name	Tax ID	Primary Contact	Position	Email	Office Phone	Mobile Phone	2nd Contact	2nd Contact Position	2nd Contact Email
AllianceChicago	81-5434098	Katie Thiede	Executive Director	kthiede@alliancechicago.org	312- - 274 - 0068		Kai Tao	Principal, Impact & innovation	ktao@alliancechicago.org
Erie Family Health Centers	36-3088628	Caroline Hoke	Chief Clinical Officer	choke@eriefamilyhealth.org	312-666-3474		Nicole Kazee	VP of Strategy	nkazee@eriefamilyhealth.org
PCC Community Wellness Center	36-3828320	Nilsa Campos	Chief Operations Officer	ncampos@pccwellness.org	708-383-0113		Paul Lunning	Chief Medical Officer	plunning@pccwellness.org
Near North Health	36-3197647	Stephanie Cox-Batson	Chief Medical Officer	scoxbatson@nearnorthhealth.org	(312) 337-1073		Ellen King	Chief Financial Officer	eking@nearnorthhealth.org

3. Please confirm that you have entered the required information for each entity in the table above, including secondary contact information and Tax ID #.

I confirm

4. Please upload the most recent IRS Form 990 (including Schedule H, if applicable) for all participants in the collaboration.

Participating Entities:

1. Are there any primary or preventative care providers in your collaborative?

Yes

1A. Please enter the names of entities that provide primary or preventative care in your collaborative.

Erie Family Health Center  
PCC Community Wellness Center  
Near North Health

2. Are there any specialty care providers in your collaborative?

Yes

2A. Please enter the names of entities that provide specialty care in your collaborative.

Erie Family Health Center - psychiatrist, peds-adolescent, podiatry, infectious disease  
PCC Community Wellness Center - psychiatrist  
Near North Health - podiatry

3. Are there any hospital services providers in your collaborative?

No

4. Are there any mental health providers in your collaborative?

Yes

4A. Please enter the names of entities that provide mental health services in your collaborative.

Erie Family Health Center  
PCC Community Wellness Center  
Near North Health

5. Are there any substance use disorder services providers in your collaborative?

Yes

5A. Please enter the names of entities that provide substance abuse disorder services in your collaborative.

Erie Family Health Center  
PCC Community Wellness Center  
Near North Health

6. Are there any social determinants of health services providers in your collaborative?

Yes

6a. Please enter the names of entities that provide SDOH services in your collaborative.

Erie Family Health Center  
PCC Community Wellness Center  
Near North Health

7. Are there any safety net or critical access hospitals in your collaborative?

No.

8. Are there any entities in your collaborative that are either certified by the Illinois Business Enterprise Program (BEP) or not-for-profit entities that are majorly controlled and managed by minorities?

Yes

8A. Please list the names of the entities in your collaborative that are either certified by the Illinois Business Enterprise Program (BEP) or not-for-profit entities that are majorly controlled and managed by minorities.

Zora Digital LLC (WMBE)

9. Please list the Medicaid-eligible billers (firms that can bill Medicaid for services) in your collaborative, and the Medicaid ID for each.

Erie FQHC organization NPI: 1043407547

PCC FQHC organization NPI: 1174549786

NN FQHC organization NPI: 1346221553

10. Below are high-level descriptions of project types that appeared in the Transformation funding statute. Check any that apply to your project; if none apply, please provide a brief description of what kind of entities comprise your collaboration. (This question is informational only and will not affect your eligibility).

- Safety Net Hospital Partnerships to Address Health Disparities
- Safety Net plus Larger Hospital Partnerships to Increase Specialty Care
- Hospital plus Other Provider Partnerships in Distressed Areas to Address Health Disparities (led By Critical Area
- Hospitals, Safety Net Hospitals or other hospitals in distressed communities)
- Critical Access Hospital Partnerships (anchored by Critical Area Hospitals, or with Critical Area Hospitals as significant partners)
- Cross-Provider Care Partnerships Led By Minority Providers, Vendors, or Not-For-Profit Organizations
- Workforce Development and Diversity Inclusion Collaborations
- ★ Other

10A. If you checked "Other", provide additional explanation here. Optional: upload any documentation or visuals you wish to submit in support of your response.

FQHCs that are safety net ambulatory care providers, not-for-profit organization.

## **FORM 2. Project Description**

1. Name of collaboration: Illinois Contraceptive Access Now (ICAN!)
2. 1-2 sentence summary of collaboration's goals.

ICAN! is a multiyear statewide collaborative working to reduce unmet contraceptive need in Illinois by 50% over 5 years by establishing screening for contraceptive needs and desires as a standard of care in preventive and primary care settings. Our goals are to:

- Improve the delivery of patient-centered contraceptive counseling at community health centers.
- Decrease the number of people without health coverage for contraceptive care.
- Expand points of access to contraceptive care and education.

### **Detailed Project Description**

ICAN!'s mission is to advance reproductive equity by improving the quality and coverage of contraceptive care. We define reproductive equity to mean that all people, across the range of age, gender, race, and other intersectional identities, have what they need to attain their highest level of sexual and reproductive health. This includes self-determining and achieving their reproductive goals. As an initiative informed by the Reproductive Justice (RJ) framework (which refers to the human right to have children, to not have children, and to nurture the children we have in a safe and healthy environment), ICAN!'s vision is that every person has the ability to decide if, when, and under what circumstances to be pregnant and parent.

Despite Illinois' progress in the area of reproductive health, Black, Indigenous, and People of Color (BIPOC), young people, and people with few resources face persistent barriers to high-quality contraceptive care and experience inequities in reproductive health outcomes. By establishing screening for contraceptive needs and desires as a standard of care in preventive and primary care, ICAN! aims to connect patients with the whole person health care they need to support reproductive well-being from menarche to menopause.

ICAN! estimates that nearly 500,000 people in Illinois fall into a "contraceptive coverage gap" due to various factors. Among the 2.5 million women ages 15-44 in Illinois, approximately 62 percent (1,568,000) are contraceptive users. Of these, we estimate that approximately 30 percent (470,580) lack insurance coverage for contraceptive services and supplies. Barriers to high-quality contraceptive care and coverage break down roughly as follows (estimates reflect overlap between categories):

- Non-citizen immigrants (~66,000)
- Medicaid/CHIP eligible but not enrolled (~115,000)
- Restrictions within religiously affiliated health systems (~141,000)
- Not using coverage due to confidentiality concerns (e.g., adolescents) (~160,000)
- Individuals with ACA grandfather coverage, high-deductible plans or employer-sponsored plans with religious affiliation (data unavailable)

- Uninsured citizens (~177,000)

These barriers prevent individuals from making informed, supported decisions about contraceptive care. The inability to use the birth control method that meets one's needs—or being unable to use birth control at all—can result in medical complications and unintended pregnancies, which are associated with higher risks for maternal and infant health and higher rates of poverty. Voluntary, informed access to a full range of modern contraception enables people to determine whether or when to have children and under what conditions, lessening perinatal outcome disparities.

Women of reproductive age (15-44) comprise the vast majority of FQHC patients (63%) and adult Medicaid enrollees (65%). They do not experience their contraceptive need in a vacuum, but rather as an integrated part of their overall well-being. A collaborative approach is needed to ensure that payers and providers are held accountable for delivering patient-centered, high-quality contraceptive care as an essential and routine part of whole-person preventive and primary care.

**Strategy 1: Build a statewide Quality Hub Network for contraceptive care.** ICAN! will partner with 20 of the largest FQHCs across the state to build their capacity to provide the full range of FDA-approved contraceptive options on the day of request at low or no cost to patients. ICAN!'s Quality Hub network will serve all 5 areas in Illinois with the greatest concentration of social vulnerability to health inequities and poor health outcomes as identified by the January 2021 Transformation Data & Community Needs Report. The decision to partner primarily with FQHCs reflects our goals of advancing health equity in BIPOC and low-resource communities and of creating long-term systems change in how contraceptive counseling and services are delivered in primary care settings. Each year, FQHCs in Illinois serve over 358,000 women of reproductive age. Ensuring unfettered access to TRUER contraceptive care where marginalized populations receive ongoing care is essential to advancing reproductive well-being.

Quality Hub partners will be selected based on their proximity to communities with profound unmet contraceptive need as well as severe disparities in reproductive and maternal health outcomes. Health centers must demonstrate core practices consistent with high-quality contraceptive care and must have achieved the following elements of clinical and operational performance to qualify for partnership:

#### **Clinical Elements:**

- Practices evidence-based/informed reproductive health care consistent with *CDC's Quality Family Planning Guidelines* (including STI testing/treatment); adheres to the *Medical Eligibility Criteria*; and offers all options for pregnancy counseling/referral.
- Health center infrastructure can support provision of all FDA-approved contraceptive options for patients to obtain same-day contraceptive services (except tubal ligation and vasectomy).
- Willingness to make emergency contraceptive pills and IUD procedure slots available in a timely fashion.
- As clinically appropriate, willingness to provide one-year supply of contraceptives for both in-house dispensing or outbound prescription.
- Protocols and practices are responsive to gender nonconforming care.



- Protocols and practices are responsive for youth/adolescent to independently access care without parental/guardian consent.

#### **Operational Elements:**

- Unduplicated patient volume is greater than 20,000 per year.
- Greater than 50% of patients served are on Medicaid. Must be enrolled with all geographically relevant Medicaid managed care organization (MCO) plans.
- Able to counsel, accept and bill for commercial/private insurance within the limit of said contract.
- Provides basic financial counseling and coverage to help with insurance enrollment, verification of coverage, and offers a sliding scale for uninsured/underinsured.
- Policies support never turning away a client due to inability to pay.
- Accesses 340B pricing for buy and bill contraceptives when applicable.
- Has executed and is motivated to do some variation of virtual/telehealth visits
- Has executed and is motivated to solicit patient feedback to measure quality of care.
- Provides appropriate education, accommodations and services to low literacy and non-English speakers, disabled community, LGBTQIA community, minors, and homeless/at risk of homelessness individuals.

All awarded health centers will have the opportunity to become Quality Hubs by achieving the following milestones:

1. Eligible staff have completed assigned trainings and demonstrated knowledge gain.
2. Demonstrate an increase in the number of contraceptive encounters from baseline.
3. Demonstrate ability to offer all contraceptive methods through improved method mix.
4. Decrease the number of uninsured patients for contraceptive care.
5. Consistently score an average patient-reported experience metric (PREM) survey rating of “Excellent”.

ICAN! staff will engage in the following key activities to build Quality Hubs:

- Provider training: ICAN! will implement its CME-accredited trainings based on the TRUER (Trauma-informed, Respectful, Unconscious Bias aware, Evidence-based, and Reproductive well-being centered) approach to contraceptive care delivery (see video at: <https://vimeo.com/558290112>). Evidence-informed tools and resources will be shared both live and on-demand through ICAN’s digital provider resource hub to ensure all health center staff—from reception through the clinical encounter—can meet patients’ reproductive health needs that span from preconception counseling to procedural methods of contraception. Resources to screen for contraceptive needs and desires will be adapted from the PATH Framework or One Key Question based on the health center’s electronic medical record template (EMR) for ease of documentation. Providers will also be trained using CDC’s Medical Eligibility Criteria for safe prescribing of all contraceptive methods. ICAN!’s clinical proctorship program will focus on providing clinicians with didactics and hands-on experience in insertion and removal of IUDs and

implants. We will move toward sustainability by integrating key trainings and tools into ongoing new hire onboarding and privileges and/or into regular quality improvement protocols.

To facilitate on-demand training, ICAN! will continuously optimize its digital provider resource hub and learning management system available at [www.ican4all.org/provider-resources](http://www.ican4all.org/provider-resources). Half of respondents in the 2020 Illinois MCH Workforce Survey said the availability of online training options was an important factor influencing their ability to participate in professional development training. Users will be able to register as Quality Hub staff so that they can take the appropriate courses/curriculum based on their specific role and Quality Hub needs. The learning management system supports a variety of media (videos, interactive images, etc) as well as pre and post tests to measure knowledge gain.

The 2020 Illinois MCH Workforce Survey also identified supervisor support as essential to staff participation in training. We will identify lead clinician(s) to serve as their FQHCs Contraceptive Care Champion (CCC). The CCC will be the primary liaison with ICAN!'s Reproductive Health Training Director and will be responsible for: generating buy-in and driving participation in training activities; incorporating feedback for CQI from ICAN-delivered patient experience survey responses; and providing support to optimize performance data by improving capture of contraceptive practices through EMR documentation and workflow. ICAN! will also identify a finance staff leader to serve as the Administrative/Operational Champion (AOC). The AOC will spearhead revenue cycle management optimization efforts with ICAN's Director of Financial Performance. The AOC will ensure proper data collection practices are in place and report regularly on financial performance metrics. They will also serve as the liaison between ICAN! and patient registration, financial counseling and benefit enrollment personnel to assist with patient centered contraceptive care delivery from the onset of engagement.

Each quarter, ICAN! will convene the CCCs and AOCs from all QH partners to build a community of practice where staff leaders can learn from each other's successes and challenges and provide feedback on training and technical assistance activities. As ICAN! onboards new QH partners, CCCs and AOCs will have the opportunity to be matched with mentors from previous cohorts who can help guide them through the process of becoming a Contraceptive Care Quality Hub. By nurturing CCCs and AOCs, ICAN! will create in-house experts to achieve system-wide adoption of TRUER care practices.

- Technical assistance: ICAN! will work hand-in-glove with finance and operations staff to refine a model for financial sustainability that enables the provision of all FDA-approved birth control methods without financial barriers for patients and without a decrease in net margin for health centers. ICAN! will help to optimize contraceptive services coding and billing practices and health coverage enrollment practices. We will also work with health centers to build their telehealth infrastructure (including for telephonic visits) and collect patient-reported experience metrics (PREM) that can inform service delivery. As a result of our TA, health centers will have updated workflows that enable them to order and stock same day contraceptive supplies and

will have developed protocols to ensure financial counseling for new and existing patients of childbearing age to determine coverage eligibility.

- Referral pipeline development: Through relationship building and TRUER Care training, we will build a robust, statewide Quality Hub referral network consisting of pharmacists, WIC nutritionists, case managers, home visiting nurses (through a partnership with Family Connects Chicago), doulas, and youth-serving CBOs. We will optimize the Connect2Care feature of our website to allow healthcare providers and staff at local community-based organizations in Quality Hub regions to refer a patient or client to a local Quality Hub.

**Strategy 2:** Empower patients to seize their right to reproductive well-being by activating communities and partners to educate patients and connect them to TRUER contraceptive care at a Quality Hub. ICAN! will break down barriers to birth control information and access to high quality contraceptive care through digital innovation, community outreach, and youth education. Our community engagement goals are to:

1. Educate patients on all contraceptive options, their rights to access reproductive health services confidentially (even as a minor), and their eligibility for contraceptive coverage.
2. Empower patients to demand access to the full range of contraceptive options with their existing providers and support them in recognizing their right to TRUER care.
3. Connect patients to ICAN!'s [digital platform](#) which provides comprehensive birth control education and directly connects users with appointments at a Contraceptive Care Quality Hub where skilled providers are equipped to provide same-day access to all FDA-approved birth control methods at low or no cost.

Launched in May 2021, ICAN!'s digital platform, [www.ican4all.org](http://www.ican4all.org), provides youth-friendly, unbiased birth control education and directly connects users to community health centers delivering high-quality contraceptive care. Features include:

- A [Find a Health Provider](#) tool that allows users to search Quality Hubs by location, ages served, and coverage status.
- A [quiz](#) that helps users identify the best birth control options for them based on their personal goal and preferences
- [Frequently Asked Questions \(FAQs\)](#) and a [Before Your Visit Checklist](#) provide answers to some of the most common questions about birth control and prepare users to make the most of their Quality Hub visit.
- [ICAN! Phone A Friend](#)—a feature that allows users to schedule a time to chat with someone who can help answer any questions.

In the coming years, ICAN! will:

- Develop a suite of new digital tools that enhance care coordination by enabling direct-to-consumer birth control delivery options, support telehealth visits, and support financial screening and benefits enrollment.
- With Zora Digital--a Chicago-based, Minority and Women owned Business Enterprise--we will pursue a digital out of home advertising and paid social media strategy, informed by our

Community Advisory Board, targeting likely contraceptive users in Quality Hub zip codes. We will also partner with Chicago Public Schools, the Chicago Department of Public Health, and local youth-serving organizations to educate young people about their birth control options and connect them to care at Quality Hubs. Messaging and design will be informed by a market insights study ICAN! conducted in early 2021 with multicultural marketing firm Burrell Communications with individuals representing the diversity of our priority population to learn more about their experiences talking about and accessing birth control and to test educational messaging to ensure cultural competency and relevance.

- Partner with local youth-serving community-based organizations (CBOs)--including Apna Ghar and New Moms--and Chicago Public Schools (CPS) to:
  - Train CBO staff and school nurses on reproductive justice principles, contraceptive options, youth rights for accessing reproductive health services, and contraceptive coverage eligibility and enrollment.
  - Deliver ICAN!'s youth education workshop, "Birth Control: Getting the History, Facts, and Care You Deserve" to CBO program participants and CPS high school students.
  - Develop co-branded youth-friendly educational resources in English and Spanish and provide support for community outreach events.

**Strategy 3: Advance and implement policies that expand coverage of, payment for, and access to contraceptive services, promoting a system-wide approach to ensuring contraceptive equity.**

Illinois is a diverse and populous state where incremental policy change has the potential for widespread impact. The state's recent legislative victories mean that ICAN! is well-positioned to implement a largely regulatory and administrative policy agenda focused on optimizing existing policies through administrative changes that will result in expanded, equitable access to high quality contraceptive care for low-resource individuals.

Enacting and implementing a model Family Planning SPA is a critical first step in this approach. ICAN! will work with HFS to ensure that Illinois' new Family Planning SPA includes provisions that will make it a model for other states and ensure expanded coverage for tens of thousands of individuals with low resources, including: income eligibility requirements that are based on individual rather than household income, flexible auto-enrollment, medical presumptive eligibility, and a "good cause exception" for individuals with confidentiality concerns. These inclusions have been informed by community partner insights as well as best practices in limited benefits packages beyond family planning coverage. ICAN! will prepare for SPA implementation by working with Quality Hubs to enhance financial screening procedures and explore ways to leverage ICAN!'s digital platform to facilitate enrollment. We'll develop both patient and provider-facing assets and website content with SPA FAQs to increase understanding and awareness of this coverage expansion.

Further, ICAN! will advocate for data-driven policy solutions that hold providers and health plans accountable for delivering TRUER Contraceptive Care. We will work with MCOs to ensure adequate network coverage for reproductive health services and member transparency about freedom of

provider choice when seeking covered family planning services. Illinois MCOs must be required to provide documentation of physical, professional, and network capacity to offer a full range of reproductive health services that is adequate for the anticipated number of enrollees. The MCO must also maintain a provider network that is sufficient in number, scope, and geographic distribution. For members who are enrolled in plans that exercise their right of conscience and limit their provision of HFS-required reproductive health options, plans must explicitly provide reasonable options—including ICAN!’s network of Contraceptive Care Quality Hubs—accounting for distance (which may include transportation), time to next appointment, accepting new patients, and scope of care.

Further, HFS’ quality framework egregiously omits any measures of contraceptive access and quality in its Maternal and Child Health program area. ICAN! will support HFS to become the first state Medicaid system to test and capture quality of contraceptive care from the members we are here to serve. ICAN! will advocate for the adoption of the following pay for performance/reporting measures of contraceptive access and quality starting in reporting year 2023:

- ACCESS: These outcomes can be collected from claims data and are consistent with NQF measurement.
  - Percentage of women of childbearing age (15-44) who had a contraceptive visit code in the last 12 months.
  - Birth control by method mix will be very revealing about true access. The denominator could be women of childbearing age (15-44) or postpartum women from the last 12
  - months. Methods include pill, patch, ring, Depo shot, IUD, implant, tubal ligation, and vasectomy.
- QUALITY: Use the NQF-endorsed Patient-Centered Contraceptive Counseling (PCCC) survey to collect patient-reported experience metrics (PREM).

Key activities will include:

- Supporting MCOs in collecting patient-reported experience metrics (PREM) as the gold-standard for quality measurement. Data reported from contraceptive visits could be extrapolated for many other variables when it comes to care and health plan quality. We know that when members have an excellent experience (even if it’s in this one domain of contraception) they are more likely to engage with their health/healthcare provider, thus translating to improved physical and mental health.
- Piloting quality improvement programs with 2 large MCOS including working with an ACO that is part of Cook County’s large Managed Care Plan. to inform policy recommendations. Specifically, our pilots will:
  - Identify seamless referral processes within the ACO.
  - Gather best practices for distributing and collecting patient feedback survey to contribute to the nascent praxis of measuring quality contraceptive care
  - Enhance member portals with ICAN! educational resources and support creation of family planning provider search capability.
  - Engage ICAN! Community Advisory Board and other Medicaid enrollees to review and develop content for quality initiatives.

- Ensure PREM, contraceptive encounter, and birth control method mix data can be disaggregated by race and ethnicity.
- Lead statewide Coverage Advocates for Reproductive Equity (CARE) Coalition to build momentum and support for reporting changes.

## FORM 3. Governance Structure

### Structure and Processes

1. Please describe in detail the governance structure of your collaboration and explain how authority and responsibility will be distributed and shared. How will policies be formulated and priorities set?

The mission of AllianceChicago (AC) is to improve personal, community, and public health through innovative collaboration. AC's foundation was laid over 20 years ago when leadership of Erie Family Health Centers, Heartland Alliance Health, Howard Brown Health and Near North Health Service Corporation came together to explore ways to share resources in support of their common community health missions. As an organization that supports a vast network of community health centers, healthcare providers and patients throughout the country, AC is a leading expert in optimizing care quality and efficiency as well as patient experience and outcomes. Further, as a leader in public health research and education, and health information technology, AC is well-positioned to be the lead entity for a health care transformation collaborative.

AllianceChicago operates under the ownership and guidance of our four non-profit 501 (c) (3) founding members and is governed by a Board of Managers that includes the Chief Executive Officers of each of the founding member Centers, as well as the AllianceChicago Chief Executive Officer and the Near North Health Service Corporation Director of Finance and Accounting.

AllianceChicago's Board of Managers will serve as the governing body for ICAN! and will be responsible for fiscal oversight of the collaborative. The AllianceChicago Board of Managers is comprised of the following individuals:

Berneice Mills-Thomas, RN, MSM, MPH, MBA, Chair  
Chief Executive Officer,  
Near North Health

Ed Stellan, MS, MA, CADC, Vice-Chair  
Vice President and Executive Director,  
Heartland Alliance Health

Lee Francis, MD, MPH, Treasurer  
President and Chief Executive Officer,  
Erie Family Health Centers

David Munar, Secretary  
President and Chief Executive Officer,  
Howard Brown Health

Policies and priorities will be recommended to the AllianceChicago Board of Managers by project staff with significant input from executive leadership amongst the founding health center partners (Erie Family Health Centers, Near North Health Services Corporation, and PCC Community Wellness Center.) ICAN!'s work will further be guided and informed by a 20-member Community Advisory Board (CAB) – a diverse cohort of 20 local leaders, half of whom are young people ages 16-24, whose lived experiences reflect those of the collaborative's priority populations. Recommended policies and priorities will be reviewed and updated annually and codified by a contractual agreement between AC and each of the participating health centers.

### **Accountability**

2. How will collaborating entities be made accountable for achieving desired outcomes? How will the collaboration be made accountable for acting prudently, ethically, legally, and with extensive participation from each participating entity? What methods will be used to enforce policy and procedure adherence?

Contractual agreements between AC and each of the health center collaborative entities will outline key milestones and outcomes that must be met by each entity in order for Quality Hub award payments to be disbursed on schedule. Each health center entity will appoint an Administrative Operations Champion (AOC) and a Contraceptive Care Champion (CCC) to represent their entity at quarterly meetings where key milestones will be reported and a dashboard of progress towards key outcomes presented. Policy and procedural adherence will be addressed during quarterly meetings and any failure to comply may result in suspension of funds.

### **New Legal Entity**

3. Will a new legal entity be created?  
No

### **Payment and Administration of Funds**

4. How will you ensure direct payments to providers within your collab are utilized for your proposed programs intended purpose? If the plan is to use a fiscal intermediary, please specify,

De-identified encounter level data will be shared by the health center entities with AllianceChicago for use in determining progress towards achieving key outcomes. Data capture and reports will be shared within agreed upon timelines in order to facilitate payment of health center awards. In order to facilitate the sharing of data, appropriate Business Associate Agreements and data use agreements will be in place between AC and each of the health center entities. Monthly encounter level data review will be instrumental in determining if funds are being utilized for the program's proposed purpose.



In addition to encounter level data and outcomes, ICAN! will have agreed upon training goals to ensure adequate dissemination of training and technical assistance across health center entities. Training completion will be self-reported on a quarterly basis and verified via ICAN!'s learning management system.

As the lead entity, AllianceChicago will ensure contractual compliance, including that all key milestones and outcomes are achieved prior to award payments being disbursed.

## FORM 4. Racial Equity

### High Level-Narrative

Voluntary, informed access to a full range of modern contraception for all people is fundamental to advancing racial equity. The ability to access the birth control method that best meets one's needs contributes to higher levels of educational attainment, participation in the labor force, and women's improved ability to invest in their children's futures. By contrast, the inability to use the birth control method that meets one's needs can result in medical complications and unintended pregnancies, which are associated with higher risks for maternal and infant health and higher rates of poverty for Black and Hispanic women.

Disparities in reproductive and perinatal outcomes result from racism and racial inequities at multiple levels, including bias in how health care is delivered and unequal access to care. ICAN! aims to address these persistent inequities by partnering with FQHCs to increase access to TRUER contraceptive care (i.e., Trauma-informed, Respectful, Unconscious bias aware, Evidence-based, and Reproductive well-being centered) in community health settings, paving the way for adoption of contraceptive care as a routine part of whole person preventive and primary care.

- As an initiative informed by Reproductive Justice theory (which refers to the human right to have children, to not have children, and to nurture children in a safe and healthy environment), ICAN!'s aim is not to direct individuals toward particular contraceptive methods; ICAN!'s aim is to create the conditions for individuals to make informed decisions about their reproductive and sexual health.
- ICAN! educates, engages, and empowers individuals to seize their right to reproductive well-being by meeting marginalized patients where they are: in health centers, online, and in their communities.
- ICAN! advances policy solutions that center the needs and lived experiences of BIPOC, young people, and people with few resources in accessing birth control, paving the way for an Illinois where every person can decide if, when, and under circumstances to become pregnant and parent

### Racial Equity Impact Assessment Questions:

1. Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal/policy?

Black and Hispanic women face greater obstacles than non-Hispanic white women in obtaining sexual and reproductive health services. As a result, Black and Hispanic women have higher rates of sexually transmitted infections, reproductive cancers, and unintended pregnancies than non-Hispanic white women.

2. Have stakeholders from different racial/ethnic groups especially those most adversely affected—been informed, meaningfully involved and authentically represented in the development of this proposal? Who's missing and how can they be engaged?

ICAN! has assembled a team of diverse individuals with decades of experience in reproductive health care delivery, maternal, child, and sexual health policy, reproductive justice, and community health finance and operations. Many of us share lived experiences as Black, Indigenous, People of Color (BIPOC), young, and/or low-resource individuals navigating a fractured, inequitable health care system. In addition to our professional team, we have assembled a 20-member Community Advisory Board (CAB)—50% of whom are young people between the ages of 16-24—who represent the Chicago communities ICAN! intends to reach and provide feedback and guidance on all aspects of the collaborative’s strategy, programming, and messaging.

3. Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

The inability to use the birth control method that meets one’s needs can result in medical complications and unintended pregnancies, which are associated with higher risks for maternal and infant morbidity and mortality and higher rates of poverty for Black and Hispanic women.

- Over two-thirds of births to Black women result from unintended pregnancies, compared to about half of births to Hispanic women and one-third of births to white women.
- Black women in Illinois are 6 times more likely to die of a pregnancy-related condition than White women.
- Black and Hispanic teens in Illinois are 5 times more likely to experience a birth than White teens.
- The rate of preterm birth in Illinois is highest among Black infants (14.5%, compared to 9.5% among White infants), and infants born to Black mothers in Illinois are nearly 3 times more likely to die before 1 year of age than those born to White mothers.

Because of the stigmatization of sexual and reproductive health care, contraceptive counseling has not been considered an essential and routine component of preventive and primary care. The evidence of how detrimental this has been to marginalized populations--especially to Black women--is exhaustive and clear. What’s missing is the baseline data from Illinois MCOs--including patient-reported experience metrics, contraceptive encounter rates, and birth control method mix--disaggregated by race and ethnicity so that we can target improvement efforts and reward care quality and access.

4. What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

Throughout history, women of color have been subjected to discrimination and racism by the medical establishment. They have been the victims of forced sterilization, eugenics, unsafe field trials of new drugs, and coerced use of birth control. Some of the myriad factors perpetuating racial inequities in access to contraceptive care include:

- Distrust of the healthcare system due to harmful experiences.
- Lack of insurance coverage: Black women are more likely to be uninsured and face greater financial barriers to accessing the birth control method of their choice than white women. We estimate that nearly 500,000 people in Illinois fall into a “contraceptive coverage gap” due to barriers such as lack of adequate health coverage, immigration status, confidentiality concerns, and the high penetration of Catholic-affiliated health networks. 1 in 3 healthcare delivery networks in Illinois are religiously affiliated with an even higher proportion among Medicaid recipients in Cook County, limiting patients' options for family planning services. Black and Hispanic women are significantly more likely to be enrolled in one of the five higher Catholic saturation health plans compared to white women (93% vs. 77%).
- Lack of skilled providers. Black and Hispanic women are among the least likely populations to report that their family planning provider was “excellent” on several measures, while White women rate their experiences with providers most highly. In qualitative studies with family planning patients, Black and Hispanic women report feeling pressure from providers to use specific birth control methods and describe impersonal counseling and poor communication. Women who report lower interpersonal quality of care during a contraceptive counseling visit are less likely to still be using their selected method six months after their appointment.
- Further, the lack of diversity in the health care workforce means that providers often do not reflect the populations they serve. ICAN! equips trusted, community-based maternal and child health providers—including doulas, case managers, and home visiting nurses—to integrate screening for contraceptive needs and desires into their service delivery.
- The COVID-19 pandemic has exacerbated existing inequities in contraceptive care access. During the pandemic, 1 in 3 women have struggled to access birth control—with young people, Black and Hispanic women, and women with few resources being impacted most severely.

ICAN!’s proposal addresses these root causes by improving community health providers’ knowledge and skills, creating sustainable, systemic changes to care delivery through enhanced operations, increasing demand for full-scope contraceptive care through patient education, and pursuing policy changes that hold providers and health plans accountable for TRUER contraceptive care delivery.

#### 5. What does the proposal seek to accomplish? Will it reduce disparities or discrimination?

ICAN! seeks to dismantle racism and bias in contraceptive care provision by training providers in the TRUER (Trauma-informed, Respectful, Unconscious bias aware, Evidence-based, and Reproductive well being centered) approach to person-centered contraceptive counseling. This model affirms the viewpoint that with education and unbiased information about the full spectrum of contraceptive options, people can be empowered to become experts about their own reproductive and sexual lives.

In addition, ICAN! recognizes the connection between unintended pregnancy and the transmission of HIV and other sexually transmitted infections (STIs). We emphasize the importance of condom usage

with other forms of effective or very effective birth control and we ensure that health centers implement evidence-based STI /HIV guidelines for screening, prevention and treatment. We recognize the social, emotional, financial, and practical barriers that Black women, women of color, and women with few resources may face in accessing contraceptive care at a physical health center. ICAN! strives to increase points of access beyond the walls of the health center through telehealth (including telephonic visits), pharmacy access, and direct-to-door delivery.

Most importantly, by establishing screening for contraceptive needs and desires as a standard of care in preventive and primary care, we aim to connect marginalized patients with whole person health care that will support reproductive well-being across the lifespan. ICAN!'s efforts to promote widespread access of respectful, patient -centered contraceptives education and services will be a driving force in reducing unintended pregnancies, treating pathology, preventing reproductive organ cancers, supporting birth spacing for healthier moms and babies, and ultimately helping every person feel supported in their reproductive well-being.

6. What adverse impacts or unintended consequences could result from this policy? Which racial/ethnic groups could be negatively affected? How could adverse impacts be prevented or minimized?

The most egregious adverse effect of other contraceptive access initiatives has been contraceptive coercion. Providers have prioritized providing women of color with the most effective forms of birth control (i.e., IUDs and implants) rather than asking about their contraceptive needs and desires and working with them to select the best method. As an initiative informed by the Reproductive Justice (RJ) framework, ICAN!'s goal is not to direct individuals towards particular contraceptive methods but rather to create the conditions for individuals to make informed decisions about their reproductive and sexual health. Further, our Community Advisory Board (CAB) centers the specific lived experiences of Black women and women of color who may experience distrust of the health care system due to discrimination, racism, and/or contraceptive coercion. CAB members represent the communities served by our health center partners and guide all facets of ICAN! program development.

7. Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

While ICAN!'s focus is on contraceptive access, we see our work as part of a broader movement to shift the underlying conditions that contribute to racial inequality, including dismantling racism and bias in healthcare delivery. ICAN! will continue to prioritize diversity and inclusion among our leadership and team in order to ensure that we bring an intersectional approach to systems change informed by patients' lived experiences both as women as well as racial/ethnic minorities.

8. Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement. Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

ICAN!'s current funders share its commitment to racial equity and have invested in our approach as a means by which to address racial disparities in reproductive and maternal health outcomes. Our Community Advisory Board provides ongoing oversight and accountability. We have also sought to hold ourselves publicly accountable through media coverage and publication.

9. What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

ICAN! disaggregates all of its contraceptive encounter data collected from health center partners by race/ethnicity to ensure equitable care delivery. Further, the metrics we use to evaluate our impact do not make assumptions about patients' reproductive goals (i.e., avoiding pregnancy). Rather, our metrics indicate the extent to which patients feel respected, supported, and informed enough to make decisions about if, when, and under what circumstances to become pregnant or parent. The level, diversity, and quality of stakeholder engagement is assessed through annual surveys of our Community Advisory Board.

## FORM 5. Community Input

### Service Area of the Proposed Intervention

1. Identify your service area in general terms.

Cook County, with planned expansion to Central and Southern Illinois.

2. Please select all counties in your service area.

Cook County.

3. Please list all zip codes in your service area, separated by commas.

**60625**, 60645, 60626, 60660, 60640, 60613, 60618, 60630, 60646, 60659, 60641, **60610**, 60654, 60611, 60606, 60661, 60614, 60607, **60612**, 60624, 60608, 60623, 60651 **60622**, **60647**, 60639 **60653**, 60615, 60609, 60616 **60402**, 60804, 60638, **60202**, 60076, 60712, 60634, 60707, 60644 **60639**

### Community Input

1. Describe the process you have followed to seek input from your community and what community needs it highlighted.

During the planning stages of the initiative, ICAN! engaged Burrell Communications--a multicultural Chicago-based agency to conduct in-depth market insight research to better understand the barriers that individuals in the community face in accessing contraceptive coverage and care, and to help identify interventions and strategies to best meet the needs of our priority population. A series of 18 individual in-depth interviews were conducted, as well as an online survey of over 500 people within our priority demographic group, highlighting key community needs. The qualitative and quantitative data both demonstrated the need for access to no or low-cost high-quality contraceptive care and the need for trusted, accessible, and objective resources providing information on all available birth control methods.

Most significantly, ICAN!'s work is guided by our Community Advisory Board (CAB), which is comprised of a diverse cohort of community members and organizational representatives, half of whom are young people ages 16-24, whose lived experiences reflect those of the initiative's priority populations.

Specifically, members of the CAB:

1. Share their community's unique history around reproductive and sexual health care and access. Offer critical perspectives around quality contraceptive care, in particular.
2. Inform the ICAN! team of important community values and norms.
3. Guide our digital development efforts, ensuring content and user experience are accessible, engaging and actionable.
4. Review and provide feedback on program materials
5. Promote the ICAN! initiative within their community.

6. Represent the needs and concerns of the community.

**Input from Elected Officials**

1. Did your collaborative consult elected officials as you developed your proposal?

Yes

- 1A. If you consulted Illinois federal or state legislators, please select all legislators whom you consulted.

Castro, C. - Ill. Senator - 22nd State Senate District

Gabel, R. - Ill. Representative - 18th State Representative District

Greenwood, L. - Ill. Representative - 114th State  
Representative District

- 1B. If you consulted local officials, please list their names.

Lieutenant Governor Juliana Stratton



## FORM 6. Data Support

### 1. Describe the data used to design your proposal and the methodology of collection.

Through a statewide listening tour with over 70 stakeholders, a national landscape analysis of statewide contraceptive access initiatives, market research centered around patient voices (including 600 Illinoisans), the formation of a Community Advisory Board, and thorough data analysis, we anchored around a solution that leverages state agency relationships, Illinois' robust community health infrastructure, and digital innovation to address unmet contraceptive need. The data sources we consulted included:

- Studies by leading reproductive health researchers, including Dr. Debra Stulberg's research on religiously affiliated health care networks, Kaiser Family Foundation studies of insurance coverage and utilization, and Guttmacher Institute studies on contraceptive access and utilization trends.
- Public health data sets including IDPH Maternal Morbidity and Mortality Reports, IDPH vital statistics and STI data, CDPH Health Atlas, TX Family Planning Annual Reports (FPAR), CDC Youth Risk Behavior Surveillance Survey (YRBSS) results and HRSA UDS data.
- Baseline contraceptive encounter, payer mix, birth control method mix, and payment per contraceptive encounter data collected from AllianceChicago's Enterprise warehouse (Erie Family Health Center, and Near North Health) and PCC Wellness.

### 2. Attach results of the data analyses used to design the project and any other relevant documentation.

Illinois Statewide Contraceptive Access Initiative- Best Practices for Implementation Strategy

## FORM 7. Health Equity and Outcomes

1. Name the specific healthcare disparities you are targeting in your service area, including by race and ethnicity. Describe the causes of these disparities that your project specifically seeks to address and explain why you have chosen to address these causes.

The historic siloing of sexual and reproductive health care from primary care—along with the harmful stigmatization of these services—have resulted in inequitable access and profound health outcome disparities for BIPOC women, particularly for those with low resources. Over two-thirds of births to Black women result from unintended pregnancies, compared to about half of births to Hispanic women and one-third of births to white women. Black women in Illinois are 6 times more likely to die of a pregnancy-related condition than white women. Despite an overall steady decline in teen births, Black and Hispanic teens are 5 times more likely to experience a birth than white teens. These disparities in reproductive and perinatal outcomes result from racism and racial inequities at multiple levels, including bias in how health care is delivered and unequal access to reproductive and contraceptive care, specifically.

We will address disparities in reproductive health outcomes and maternal mortality and morbidity rates among women who are Black, Indigenous, and People of Color and low-resource by improving equitable access to high quality, person-centered contraceptive care. As a result of Illinois' postpartum waiver and the forthcoming Family Planning SPA, thousands of Illinoisans of childbearing age will become eligible for coverage that affords them access to family planning and related preventive services in the critical postpartum period and beyond. Our collaborative aims to seize the opportunity created by this increase in coverage to improve care quality so that all people of childbearing age have the ability to decide if, whether, and under what circumstances to become pregnant and parent. When community health systems can provide TRUER contraceptive care, communities can exercise bodily autonomy and feel supported in their reproductive well-being across the lifespan.

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

Equity is at the center of ICAN!'s 4 year approach to creating a new standard for contraceptive care in preventive and primary health settings and is the common thread between our three key strategies:

**Strategy 1: Build a statewide Quality Hub Network for contraceptive care.** ICAN! will partner with 20 of the largest FQHCs across the state to build their capacity to provide the full range of FDA-approved contraceptive options on the day of request at low or no cost to patients. Activities will include:

- Curate and implement site-specific provider trainings on reproductive justice, modern forms of contraception, patient-centered contraceptive counseling, and screening for contraceptive needs and desires.
- Convene communities of practice among Quality Hub clinical and administrative leaders

- Facilitate technical assistance to: normalize and increase reproductive health services while maximizing reimbursement with accurate coding and billing; support stocking or prescribing of all methods on the day of request; utilize patient feedback to improve service delivery.
- Collect data on patient experience via an evidence-informed post-visit survey and use patient feedback to drive continuous health center quality improvement.

Immediate measurable impacts will include: an increase in the number of providers trained to provide TRUER contraceptive care, an increase in the number of contraceptive visits provided by each Quality Hub health center, an increase in the number of patients accessing contraceptive care at each Quality Hub health center, an increase in the number of health centers providing same day access to all FDA-approved birth control methods at low or no cost, and high ratings from patient surveys indicating that they felt respected, informed, and were able to obtain the method of their choice.

**Strategy 2:** Empower patients to seize their right to reproductive well-being by activating communities and partners to educate patients and connect them to TRUER contraceptive care at a Quality Hub. ICAN! will break down barriers to birth control information and access to high quality contraceptive care through digital innovation, community outreach, and youth education. Activities will include:

- Optimizing [www.ican4all.org](http://www.ican4all.org) to: build out a seamless user journey for our priority populations; implement tools for soliciting patient feedback; explore direct-to-consumer birth control delivery options; build care coordination and benefits enrollment tools; and explore telehealth and online scheduling interfaces.
- Pursuing a digital marketing strategy, informed by our Community and Youth Advisory Boards, targeting likely contraceptive users in Quality Hub zip codes.
- Training staff of community-based organizations in Quality Hub neighborhoods on the TRUER approach to contraceptive care delivery so that they can support clients' reproductive well-being and refer them to care at their local Quality Hub.
- Including performance metrics around community engagement in project evaluation.
- Assembling a diverse and talented team whose members bring both their personal experiences encountering barriers to contraceptive access and their professional expertise as reproductive justice advocates, youth educators, reproductive health policy experts, and community health providers.

Immediate measurable impacts will include: an increase in the number of women and girls in Quality Hub communities learning about all forms of birth control, an increase in the number of community partners screening clients for contraceptive needs and desires and referring them to Quality Hubs, an increase in the number of patients using ICAN!'s digital platform to learn about their birth control options and connect to care in their neighborhood.

**Strategy 3:** Advance and implement policies that expand coverage of, payment for, and access to contraceptive services, promoting a system-wide approach to ensuring contraceptive equity.

- Support implementation of a Family Planning SPA that will make it a model for other states and ensure expanded coverage for tens of thousands of individuals with low resources.
- Work with State Medicaid to advance contraceptive equity by ensuring adequate network coverage for voluntary contraceptive health services, and ensuring member transparency so members know their right for full coverage of all FDA approved contraceptive services.
- Advocating for the adoption of contraceptive access and quality pay-for-performance metrics.

Immediate measurable impacts will include: a decrease in the uninsured rates at each Quality Hub, an increase in the number of people who enroll in coverage as a result of the SPA, and an increase in the number of Medicaid members who have access to the full range of contraceptive services.

### 3. Why will the activities you propose lead to the impact you intend to have?

Women do not experience their need or desire for contraceptive care in a vacuum, but rather as an integrated part of their overall well-being, we envisioned a solution that would center around partnerships with community health systems. While improving community health providers' knowledge and skills would be critical, we also know that sustainable, systemic changes to care delivery would only be realized by building demand for full scope contraceptive care through patient education and through a creative approach to policy reform.

## **FORM 8. Access to Care**

1. Name the specific obstacles or barriers to healthcare access you are targeting in your service area. Describe the causes of these obstacles that your project specifically seeks to address and explain why you have chosen to address these causes.

Women of color, women with few resources, and young women face myriad barriers to high quality contraceptive care. In Illinois, nearly one-third of contraceptive users lack coverage for contraceptive services and supplies. An estimated 800,000 women live in counties without health centers offering the full range of contraceptive methods. 1 in 3 healthcare delivery networks in Illinois are religiously affiliated with an even higher proportion amongst Medicaid recipients in Cook County, limiting patients' options for family planning services. Black and Hispanic women are significantly more likely to be enrolled in one of the five higher Catholic saturation health plans compared to white women (93% vs. 77%). Currently, there is no mechanism in place for informing patients that their care options may be restricted, and primary care providers are not held accountable for educating patients about the services to which they are entitled or in assuring timely referrals to contraceptives as required under State Medicaid guidelines.

Where contraceptive care is accessible, quality varies widely and is dependent on the individual provider's training, biases, and the health center's infrastructure. Many Medicaid providers report offering birth control, but often the services are limited to only birth control pills or the Depo Provera shot. Among patients seeking contraceptive care at Illinois community health centers, only 1 in 5 receives contraceptive counseling. These barriers are compounded by patient-driven factors, including distrust of the health care system due to experiences of discrimination, racism, and/or contraceptive coercion.

Contraceptive care can be a gateway to primary care. Voluntary contraceptive care is also a key component to interconception care and birth spacing. When all people have the education and tools to decide if, when and under what circumstance to be pregnant and parent, disparate perinatal outcomes are lessened. By partnering with community health systems, we can incorporate high quality, patient-centered contraceptive care as an essential and routine part of whole-person preventive and primary care; no longer siloed and stigmatized.

The nation's intertwined crises of public health and racial injustice have highlighted the urgent and profound need for more equitable health care delivery and have compounded the existing unmet need for high quality contraceptive care. ICAN! will seize this critical moment by collaborating with health care providers, community members, state agencies, reproductive health experts and funders to create an Illinois where every person has the ability to decide if, when, and under what circumstances to be pregnant and parent.

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

We will build a statewide network of Contraceptive Care Quality Hubs serving the Illinois communities with the greatest unmet contraceptive need (see attached Growth Plan). By 2025, ICAN! will have 20 of the largest FQHCs providing same day access to all FDA approved birth control methods at low or no cost through over 300 health center locations in Northern, Central, and Southern Illinois.

Recognizing that accessing care at a physical location may not be possible due to lack of transportation, child care, stigma, and distrust, we will train maternal, child, and adolescent health providers statewide (including home visiting nurses, doulas, case workers, and WIC nutritionists) to integrate screening for contraceptive needs and desires and contraceptive care referrals into their service delivery. We will expect to see an increase in the number of new contraceptive care patients accessing care at Quality Hubs as the result of referrals.

We will also work to adopt virtual contraceptive consultation and prescribing to increase access points and will incorporate working with providers at the top of their licensure (including pharmacists) to maximize options for patients in medically underserved areas. Additionally, telehealth prescribing will include seamless delivery of all non-procedural related birth control methods, including emergency contraception. The immediate and measurable impacts of creating telehealth and digital options will be to address barriers to care such as lack of transportation, child care, privacy and stigma. We will expect to see an increase in the number of digital platform users scheduling telehealth appointments.

Incomplete and biased information on birth control can be another barrier to accessing care. ICAN! addresses this through its digital platform, which provides youth-friendly, evidence-based, unbiased and complete birth control information. Through interactive features such as “ICAN! Phone-a-Friend” and a birth control quiz, potential contraceptive users can learn about all of their options and ask questions to a trusted expert from the privacy of their home. We will expect to see an increase in the number of digital platform users converting to Quality Hub patients.

3. Why will the activities you propose lead to the impact you intend to have?

ICAN! is focused on enhancing FQHCs infrastructure to capture and keep patients in their network by meeting patients where they are with opportunities to equalize social and geographic resources. Whether it's a single visit for their contraception of choice or a virtual visit, ICAN's holistic, patient centric approach facilitates a positive and seamless patient experience which also allows FQHCs to capture whole person data for improved understanding of cost and quality. When patients have the freedom to make informed health decisions in a safe and trusted environment without financial barriers, more people of reproductive years will make healthy choices to achieve their optimal reproductive life preferences and plans.

## **FORM 9. Social Determinants of Health**

1. Name the specific social determinants of health you are targeting in your service area. Describe the causes of these social determinants that your project specifically seeks to address and explain why you have chosen to address these causes.

The specific social determinants of health that we will be targeting in our service area include the following: access to health services (that are affordable and high quality), income and economic stability, insurance status, access to transportation and discrimination. Our project specifically seeks to address the health inequities that cause these social determinants of health.

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

One of our central activities involves establishing Quality Hubs at dedicated sites throughout the state, improving the quality of contraceptive service delivery through provider training, capacity building, and technical assistance. The immediate and measurable impacts of these activities will include an increased number of health center staff with an understanding of the principles of reproductive justice, knowledge on all available contraceptive methods, and an understanding of the importance of screening for contraceptive needs and desires. The impact of the training and capacity building will also lead to an increased number of patients receiving patient-centered counselling and the availability of same-day access to all methods. The activities for building Quality Hubs will go hand in hand with our community engagement and outreach efforts, ensuring that not only are people educated on all their contraceptive options, their rights to access reproductive health services, and their eligibility for contraceptive coverage, but that they are connected to skilled providers who are able to provide care at low or no cost.

We will leverage telehealth and digital solutions to improve patient experience. We will work to adopt virtual contraceptive consultation and prescribing to increase access points and will incorporate working with providers at the top of their licensure (including pharmacists) to maximize options for patients in medically underserved areas. Additionally, telehealth prescribing will include seamless delivery of all non-procedural related birth control methods, including emergency contraception. The immediate and measurable impacts of creating telehealth and digital options will be to address barriers to care such as lack of transportation, child care, privacy and stigma.

Limited understanding or lack of insurance coverage is a social determinant of health that will be targeted by program activities on several fronts: staff training at Quality Hubs, working towards establishing screening tools on our digital platform, and advocating for policy changes that expand coverage of and payment for contraceptive services. We will use data collected from Quality Hubs to inform strategies to improve financial screening practices at the health center level, and provide relevant staff with training on patient enrollment. We will work with our digital development partner to

explore the option of virtual benefits screening and enrollment through our digital platform. The immediate and measurable impacts of these activities will be an increased number of patients of reproductive age enrolled in coverage.

And finally, to address discrimination as a social determinant of health our training activities and community outreach will be undergirded in the TRUER approach to person-centered contraceptive counseling, with the goal to reduce bias and discriminatory practices in care provision.

### 3. Why will the activities you propose lead to the impact you intend to have?

All of the activities that we've proposed are working towards the goal of closing the contraceptive coverage gap. Each activity is one piece of a larger picture that centers the need to assess reproductive well-being as an essential component of primary care. Based on evidence in the available literature and our knowledge of barriers to reproductive health access and social determinants of health, we hypothesize that these activities will help make sustainable, system-wide shifts in how contraceptive care is embedded into the primary care setting. Throughout the course of the initiative, we will engage an evaluation partner to ensure that program activities are being implemented as intended as well as measure processes and outcomes that can be disseminated to other states.



## FORM 10. Care Integration and Coordination

1. Describe how your proposal improves the integration, efficiency, and coordination of care across provider types and levels of care.

Despite there being 2.5 million women of reproductive age in Illinois, contraception is too often viewed as a women's health issue, siloed from other primary and preventive care services. As a result, most women are not routinely screened for, counselled on or provided contraceptive information and services. ICAN! aims to di-silo and destigmatize reproductive health by establishing screening for contraceptive needs and desires as a new standard of care by asking every patient of reproductive age, regardless of primary purpose for their visit, "Do you think you would like to have (more) children at some point?".

ICAN! will engage all levels of health center staff across speciality areas including clinical (MD, DO, PA, APRN), clinical support (RN, LPN, MA), and administrative staff (front desk, billing and finance team members, CMOs, etc) to improve same-day provision of all FDA-approved methods of birth control. Clinical and clinical support staff will be trained to effectively screen for contraceptive need and desire and make internal referrals for same-day services while administrative staff will receive technical assistance to stock all methods for same-day services and conduct financial screening to ensure services are offered at low or no cost.

ICAN! will also engage communities by training community-based organizations, community health workers, doulas, and home visit nurses to screen for contraceptive need and desire and make referrals to Quality Hubs. The ICAN! digital platform will serve as a direct-to-consumer hub via it's referral mechanism for community partners and by directly connecting users to a telehealth or in-person appointment at Quality Hubs.

2. Do you plan to hire community health workers or care coordinators as part of your intervention?  
No

2A. Please submit care coordination caseload numbers and cost per caseload (stratified by risk, if applicable).  
N/A

3. Are there any managed care organizations in your collaborative?  
No

3A. If no, do you plan to integrate and work with managed care organizations?  
Yes

3B. Please describe your collaborative's plans to work with managed care organizations.

ICAN! will work with MCOs to ensure adequate network coverage for reproductive health services and member transparency surrounding freedom of provider choice when seeking covered family planning services. Illinois MCOs must be required to provide documentation of physical, professional, and network capacity to offer a full range of reproductive health services that is adequate for the anticipated number of enrollees. The MCO must also maintain a provider network that is sufficient in number, scope, and geographic distribution. For members who are enrolled in plans that exercise their right of conscience and limit their provision of HFS-required reproductive health options, plans must explicitly provide reasonable options—including ICAN!’s network of Contraceptive Care Quality Hubs—accounting for distance (which may include transportation), time to next appointment, accepting new patients, and scope of care.

Further, HFS’ quality framework egregiously omits any measures of contraceptive access and quality in its Maternal and Child Health program area. ICAN! will support HFS to become the first state Medicaid system to test and capture quality of contraceptive care from the members we are here to serve. ICAN! will advocate for the adoption of the following pay for performance/reporting measures of contraceptive access and quality starting in reporting year 2023:

- ACCESS: These outcomes can be collected from claims data and are consistent with NQF measurement.
  - Percentage of women of childbearing age (15-44) who had a contraceptive visit code in the last 12 months.
  - Birth control by method mix will be very revealing about true access. The denominator could be women of childbearing age (15-44) or postpartum women from the last 12
  - months. Methods include pill, patch, ring, Depo shot, IUD, implant, tubal ligation, and vasectomy.
- QUALITY: Use the NQF-endorsed Patient-Centered Contraceptive Counseling (PCCC) survey to collect patient-reported experience metrics (PREM).

ICAN! will support MCOs in collecting patient-reported experience metrics (PREM) as the gold-standard for quality measurement. Data reported from contraceptive visits could be extrapolated for many other variables when it comes to care and health plan quality. We know that when members have an excellent experience (even if it’s in this one domain of contraception) they are more likely to engage with their health/healthcare provider, thus translating to improved physical and mental health.

We will pilot quality improvement programs with 2 large MCOS including working with an ACO that is part of Cook County’s large Managed Care Plan. Specifically, our pilots will:

- Identify seamless referral processes within the ACO.
- Gather best practices for distributing and collecting patient feedback survey to contribute to the nascent praxis of measuring quality contraceptive care
- Enhance member portals with ICAN! educational resources and support creation of family planning provider search capability.
- Engage ICAN! Community Advisory Board and other Medicaid enrollees to review and develop content for quality initiatives.

- Ensure PREM, contraceptive encounter, and birth control method mix data can be disaggregated by race and ethnicity.

## **FORM. 11 Minority Participation**

1. Please provide a list of entities that will be a part of your collaboration/partnership that are certified by the Illinois Business Enterprise Program (BEP) and/or not-for-profit entities majorly controlled and managed by minorities that will be used on the project as subcontractors or equity partners.

Zora Digital LLC- Minority and Women owned Business Enterprise

2. Please describe the respective role of each of the entities listed above, and specify whether they will have a role only during the implementation of your proposal or if they will have a role in the ongoing operation of your transformed delivery system.

Zora Digital will be leading the digital advertising of ICAN's work: from design to placement to tracking. Zora will be our ongoing partner over the next several years, flexing as needed based on analytics.

## **FORM 12. Jobs**

### **Existing Employees**

1. For collaborating providers, please provide data on the number of existing employees delineated by job category, including the zip codes of the employees' residence and benchmarks for the continued maintenance and improvement of these job levels.

Federally qualified health centers are all located in areas that are designated as medically underserved with a healthcare provider shortage. This shortage is clearly exacerbated by the pandemic and hiring employees to work in the healthcare setting is experiencing unprecedented challenges. Our three collaborating partners together employ approximately 1400 staff and about 30% are clinical providers, 50% are front line staff and 20% are back-end operations and management. Partners report that their biggest gap is filling front-end positions to support clinical operations, with some reporting up to 30% vacancy for front line staff at some health centers. However, ICAN! is hopeful that with the plateau of the pandemic, ICAN! funding can support capacity to train new medical assistants, licensed practical nurses, and registered nurses to provide patient-centered contraceptive care for all patients of reproductive age.

### **New Employment Opportunities**

2. Please estimate the number of new employees that will be hired over the duration of your proposal.

5

3. Describe any new employment opportunities in the future alignment of your proposal and how those opportunities reflect the community you serve.

Within ICAN, we plan to hire 5.0 FTE over the next several years and 3.0 FTE will be people of color. As the public health pandemic plateaus, ICAN is supporting FQHC partners with both funding and training capacity to increase their primary care capacity. ICAN will contribute time and resources to assist health centers to hire 1-2 new medical assistants at each health center within each entity. Therefore, approximately 30-50 new employees over the next 4 years.

4. Please describe any planned activities for workforce development in the project.

As a HRSA Emerging Issues in Maternal and Child Health grantee, ICAN! is focused on increasing the capacity of the maternal and child health workforce as well as several of the largest FQHCs in Illinois to screen all patients of reproductive age for contraceptive needs and desires. The ICAN! team includes leading experts in reproductive health and justice, sexual health education, community healthcare delivery, and federally qualified health center (FQHC) revenue cycle management. Together, we will engage in 3 workforce development strategies aimed at building a highly skilled and well-supported

community health and service provider workforce that has the ability, demand, and capacity to deliver the highest quality contraceptive care without financial barriers to their patients.

*Provider training:* ICAN! will implement trainings based on the ICAN!-developed TRUER approach to contraceptive care delivery. Evidence-informed tools and resources will be shared both live and on-demand through ICAN!'s digital provider resource hub to ensure all health center staff—from appointment making through the clinical encounter—can meet patients' reproductive health needs that span from preconception counseling to procedural methods of contraception

*Technical assistance:* ICAN! will work hand-in-glove with finance and operations staff to refine a model for financial sustainability that enables the provisions of all FDA-approved contraceptives without financial barriers for patients and without a decrease in net margin for health centers. ICAN! will help to optimize contraceptive services coding and billing practices and health coverage enrollment practices. Over the next several years,, health centers will have updated workflows that enable them to order and stock same day contraceptive supplies and will have developed protocols to ensure financial counseling for new and existing patients of childbearing age to determine coverage eligibility.

*Community partnerships:* ICAN! will train staff of publicly funded MCH serve providers on the TRUER approach to contraceptive care delivery so that they have the ability to support clients' reproductive well-being and refer them to care at their local Quality Hub. ICAN! will work with organizations that employ WIC nutritionist, family case managers, high risk infant follow up nurses, early education specialist, community health workers, and doulas to incorporate foundational trainings into regular professional development activities and/or new hire onboarding. All trainings and related resources will be available on-demand via ICAN's digital provider resource hub.

In addition, we are exploring opportunities to incorporate ICAN!'s TRUER Care trainings into required training programs for pharmacists across Illinois as the state prepares to implement its new law allowing pharmacists to prescribe and dispense hormonal contraceptives. Through a collaboration with the Illinois Pharmacists Association, we will develop a process through which pharmacists can refer patients to ICAN! Quality Hub providers should patients require additional services. We are also working with the Illinois Primary Healthcare Association to distribute our trainings to their provider network.

## FORM 13. Quality Metrics

### Alignment with HFS Quality Pillars

1. Tell us how your proposal aligns with the pillars in the Department's Quality Strategy.

Existing reporting metrics under HFS' Quality Pillars do not evaluate contraceptive access and quality. ICAN! believes all people have a right to health and life and to make the best decisions for themselves and their families. Ensuring access to high-quality healthcare is especially urgent during pregnancy and childbirth but access to comprehensive reproductive health services and information across the lifespan is necessary if we want to improve pregnancy and birth outcomes. We must invest in the health and wellness of women and girls throughout their lives, not only when they are pregnant. Therefore, one of the key priorities of the ICAN! collaborative is to propose new metrics that will accurately capture patients' ability to access high quality contraceptive care. HFS could be one of the first state Medicaid systems to test and capture quality of care from the members we are here to serve.

ICAN! will advocate for the adoption of the following pay for performance/reporting measures of contraceptive access and quality starting in reporting year 2023:

- ACCESS: These outcomes can be collected from claims data and are consistent with NQF measurement.
  - Percentage of women of childbearing age (15-44) who had a contraceptive visit code in the last 12 months.
  - Birth control by method mix will be very revealing about true access. The denominator could be women of childbearing age (15-44) or postpartum women from the last 12
  - months. Methods include pill, patch, ring, Depo shot, IUD, implant, tubal ligation, and vasectomy.
- QUALITY: Use the NQF-endorsed Patient-Centered Contraceptive Counseling (PCCC) survey to collect patient-reported experience metrics (PREM).

2. Does your proposal align with any of the following Pillars of Improvement?

Yes

2A. Maternal and Child Health?

No

2B. Adult Behavioral Health?

No

2C. Child Behavioral Health?

No

2D. Equity?

Yes

Equity: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

Quality Strategy Metric: Adults' Access to Preventive/Ambulatory Health Services (AAP)

2E. Community-Based Services and Supports?

No

3. Will you be using any metrics not found in the quality strategy?

Yes

3A. Please propose metrics you'll be accountable for improving and a method for tracking these metrics.

With the guidance of Dr. Debra Stulberg, founder of the Reproductive Health Outcomes and Disparities Research Group at the University of Chicago School of Medicine, ICAN! has identified key metrics to evaluate the effectiveness of our approach and our impact on reducing unmet contraceptive need. ICAN! will leverage AllianceChicago's vast data warehouse to collect the necessary contraceptive services data for baseline comparison and continuous monthly reports. We will measure our progress in expanding access to contraceptive care by tracking the number of contraceptive care visits at ICAN! Quality Hubs and the number of individuals served with the expectation that these numbers will double over 5 years. We will also look at uninsured rates among patients at our Quality Hubs with an eye towards drastically decreasing the number who lack coverage. We will measure our progress in improving the quality of care by looking at health centers' birth control method mix, which should include all FDA-approved methods. The most important quality measure will be Patient Reported Experience Metrics (PREM), which we will collect through the NQF-endorsed Patient Centered Contraceptive Counseling (PCCC) survey.

Other key performance indicators (KPIs) used to measure our progress will include: the number of providers completing and gaining knowledge from TRUER Care trainings as measured through pre and post tests, the number of referrals provided to Quality Hubs by community partners as measured through ICAN!'s website, the number of Quality Hub sign ups through ICAN!'s website as well as the number of users engaging with our digital tools as measured through Google Analytics, and the number of individuals in our priority population reached through community outreach as measured through internal tracking.

The aforementioned KPIs will indicate that we are on track to accomplish the collaborative's ambitious 2025 goals to:

- Develop 20+ Quality Hubs that have the ability, demand, and capacity to meet patient need for high-quality contraceptive care.
- Connect 500,000 Quality Hub patients to person-centered contraceptive counseling.



- Reduce the Contraceptive Coverage Gap by 50% with 250,000 individuals previously uninsured for contraceptive care receiving high-quality care.

## FORM 14. Milestones

For all activities described in your proposal, please provide a calendar of milestones to show progress (e.g., when IT will be purchased, when IT will be operative, when construction projects will begin and end, when people will be hired, etc.) The timeline should be in months from award.

MILESTONES					
Area	Year 1	Year 2	Year 3	Year 4	End of Project
Program Development, Implementation & Evaluation	Hire and onboard Community Engagement Manager & Program Manager	Assess team capacity and develop and hire for positions as appropriate	Explore avenues to publish and disseminate evaluation findings	Disseminate evaluation findings	Identify and allocate resources to effectively develop, implement and evaluate ICAN! program
Recruitment and Onboarding	Engage 6 new Quality Hubs with 42 unique health center locations	Engage on 7 new Quality Hubs with 112 unique health center locations	Engage 7 new Quality Hubs with 151 unique health center locations	Sustain engagement with 20 Quality Hub partners	Engage 20 Quality Hubs with 360+ unique health centers providing high-quality contraceptive care
Health Center Training	Train 874 health center staff in ICAN! foundational content	Train 1,170 health center staff in ICAN! foundational content	1,320 health center staff trained in ICAN! Foundational trainings	580 health center staff trained in ICAN! Foundational trainings	Train 3,944 health center staff in ICAN! Foundational trainings
Technical Assistance	Host 4 quarterly all CCC/AOC check ins and 12 monthly individual team CCC/AOC check-ins	Host 4 quarterly all CCC/AOC check ins and 12 monthly individual team CCC/AOC check-ins	Host 4 quarterly all CCC/AOC check ins and 12 monthly individual team CCC/AOC check-ins	Host 4 quarterly all CCC/AOC check ins and 12 monthly individual team CCC/AOC check-ins	Engage 40 CCC/AOCs from 20 Quality Hubs in regular exchange with peer health centers
Contraceptive Care Visits	Provide 64,385 same-day, high-quality contraceptive visits	Provide 120,000 same-day, high-quality contraceptive visits	Provide 196,000 same-day, high-quality contraceptive visits	Provide 112,000 same-day, high-quality contraceptive visits	Provide 492,385 same-day, high-quality contraceptive visits
Contraceptive Care Patients	Provide 42,923 patients with same-day, high-quality contraceptive care	Provide 80,000 patients with same-day, high-quality contraceptive care	Provide 130,667 patients with same-day, high-quality contraceptive care	Provide 74,667 patients with same-day, high-quality contraceptive care	Provide 328,557 patients with same-day, high-quality contraceptive care
Patient Reported Experience Measures	Receive rank of "Excellent" in 75% of Patient Reported Experience Measures	Receive rank of "Excellent" in 75% of Patient Reported Experience Measures	Receive rank of "Excellent" in 75% of Patient Reported Experience Measures	Receive rank of "Excellent" in 75% of Patient Reported Experience Measures	Receive rank of "Excellent" in 75% of Patient Reported Experience Measures
Community Advisory Board	Onboard and engage 20 Community Advisory Board (CAB) members in monthly CAB meetings	Engage 20 Community Advisory Board (CAB) members in monthly CAB meetings	Engage 20 Community Advisory Board (CAB) members in monthly CAB meetings	Engage 20 Community Advisory Board (CAB) members in monthly CAB meetings	Reflect lived experiences of CAB in ICAN! work, initiatives, and assets
Community Engagement	115 community-based organization (CBO) staff trained in ICAN! Foundational trainings	Expand engagement and training of CBO partners statewide to drive referrals to Quality Hubs	Expand engagement and training of CBO partners statewide to drive referrals to Quality Hubs	Expand engagement and training of CBO partners statewide to drive referrals to Quality Hubs	Built robust statewide CBO referral network to screen and refer for contraceptive need and desire
Digital Platform	Onboard digital marketing & development consultant	Develop financial screening function for digital platform	Develop telehealth and additional care coordination functions for digital platform	Assess additional care coordination needs and develop functionalities as needed	Develop a digital platform for direct-to-consumer, care coordination, educational & LMS use
Policy	Implement Family Planning State Plan Amendment (SPA) to expand coverage	Advance contract revisions for MCOs re: network adequacy and member transparency	Establish metrics for adoption by federal performance tools (e.g., HEDIS, UDS)		Halve contraceptive coverage gap with 250,000 previously uninsured receiving high-quality care

## **FORM 15. Budget**

1. Annual Budgets across the Proposal.

HTC Budget Template\_ICAN!

2. Number of Individuals Served.

- a. Year 1: 42,923
- b. Year 2: 80,000
- c. Year: 3: 130,667
- d. Year 4: 74,667

3. Alternative Payment Methodologies: Outline any alternative payment methodologies that your proposal might utilize for receiving reimbursement for services from MCOs.

## **FORM 16. Sustainability**

Provide your narrative here:

ICAN!'s goal is for the provision of high-quality contraceptive care to remain sustainable beyond the life of our collaborative by transforming the way that care is delivered, paid for, and accessed by patients. To that end we will:

### **- Enact a model Family Planning SPA.**

On August 24th, Governor Pritzker approved SB 967 which ensures enactment of a Family Planning State Plan Amendment (SPA) that will enable tens of thousands of individuals to become eligible for coverage of contraceptive care and screenings related to reproductive well-being. A Family Planning SPA is the most fiscally prudent way to increase federal dollars to cover contraceptive services. Family planning services under the federal medical assistance percentages (FMAP) are covered at 90%, leaving the state responsible for 10% of the cost.

When the SPA goes into effect December 1, 2022, it will increase eligibility for coverage from 138% FPL to < 288% FPL, based on individual, rather than household income, to ensure that teens and young adults are not left behind. HFS leadership has verbally committed their intention to make coverage retroactive 90 days from the December 1, 2022 effective date. There will also be a provision for presumptive eligibility so that individuals who are eligible for coverage but not yet enrolled will not have to delay accessing care. And the Family Planning SPA will allow any individual to apply regardless of existing health insurance coverage; this provision will honor confidentiality concerns and provide a viable option for clients who have insurance that claim ethical or religious exemptions.

### **- Enhance health center coding and billing practices to maximize reimbursement.**

ICAN! works with its Quality Hub network to ensure that available dollars are not being left on the table. ICAN!'s Director of Financial Performance—a leading expert in community health center revenue cycle management—works closely with clinical and finance teams to implement appropriate procedural, diagnostic, and medication coding as it relates to contraceptive services, supplies, and counseling. As we shift to a value-based care environment, ICAN! will support health center providers to code for the full scope of services they provide so that they can accurately represent—and get paid for—the value they bring to patients.

ICAN! also supports health centers to establish strong “buy and bill” practices. This means encouraging health centers to purchase medication and devices proactively so that all forms of FDA-approved contraceptives are stocked. This way, the health center can provide all methods and bill appropriately for them on the day of request, resulting in improved patient care and more timely reimbursement.

As the COVID pandemic expanded utilization of telehealth, ICAN! will also be working to maximize health center dollars via this expanding vertical of care delivery.

**- Enhance financial screening practices and enrollment verification procedures.**

Patients often do not understand their coverage or eligibility and community health centers have limited bandwidth for financial screening and enrollment. As a result, many patients with coverage or who are eligible for coverage but are not enrolled end up on a sliding fee scale or fee-for-service payment plan. This can limit patients' care options, use up Illinois Family Planning Program dollars on those who may not actually be most in need, and result in providers not getting reimbursed for covered services.

To address this significant area of vulnerability for health centers, ICAN! uses the data we collect from Quality Hubs to inform leadership about opportunities to enhance financial screening practices. As a result, we have seen a decrease in patient uninsured rates even as patient volume has increased over the course of our demonstration year. One strategy we have promoted is the use of "task shifting" — training front desk staff to provide basic financial screening to ease the backlog of patients waiting to be connected to an overburdened enrollment specialist.

Further, ICAN! is exploring how we can best support screening and enrollment through our digital platform. With user- friendly tools and forms, ICAN provides patients the peace of mind that cost is never a barrier for their birth control of choice while health centers remain budget neutral or positive.

**- Increase patient volume.**

Contraceptive care can be a gateway to primary care as women do not experience their contraceptive need in a vacuum. Community health center patients average 2.7 visits per year, and by driving new patients to Quality Hub health centers, ICAN! opens the door for potential long-term relationships that yield increased revenue.

**- Promote adoption of pay-for-performance measures related to contraceptive access and quality by State Medicaid.**

Financial incentives are essential levers for culture change. Payment for health centers that serve Medicaid patients must be tied to contraceptive access and quality outcomes. ICAN! is advocating that Illinois Medicaid adopt pay-for-performance metrics that include the number of contraceptive encounters provided, birth control method mix, and patient-reported experience. We are also working with partners nationally to identify core quality measures that could be integrated into federal performance improvement tools.

# EXHIBIT A. GROWTH PLAN



PROJECT YEAR	QUALITY HUB PARTNERS	REACH		
		Number of health center locations	Number of female patients of reproductive age served (15-44)	Number of providers
YEAR 1 (6 partners)	Erie Family Health Center (Cook County + Lake County)	12	23,000	214
	PCC Community Wellness (West Chicago, West Cook)	7	16,349	150
	Near North Health (South Chicago)	4	9,826	80
	Chicago FQHC (South Chicago and North Chicago)	6	6,500	90
	Chicago FQHC (South Chicago)	5	12,500	90
	East St. Louis Metro Area Large FQHC	8	26,500	250
YEAR 2 (10 partners)	Chicago FQHC (South Chicago and North Chicago)	6	6,500	90
	Chicago FQHC (South Chicago)	5	12,500	90
	East St. Louis Metro Area FQHC	8	26,500	250
	South Chicago and West Cook FQHC	35	51,000	250
	West Chicago FQHC	6	7,500	80
	West Cook + Central IL FQHC	22	19,000	180
	Central IL FQHC	8	8,000	80
	South Chicago FQHC	6	10,500	50
	Northeastern Illinois FQHC	8	11,000	60
	West Chicago FQHC	8	5,500	40
YEAR 3 (14 partners)	South Chicago and West Cook FQHC	35	51,000	250
	West Chicago FQHC	6	7,500	80
	West Cook + Central IL FQHC	22	19,000	180
	Central IL FQHC	8	8,000	80
	South Chicago FQHC	6	10,500	50
	Northeastern Illinois FQHC	8	11,000	60
	West Chicago FQHC	8	5,500	40
	South and West Chicago FQHC	7	13,000	60
	Southern Illinois FQHC	12	8,000	70
	West Cook and South Chicago FQHC	5	7,500	60
	Northern Illinois/ Winnebago County FQHC	8	15,500	60
	West Chicago FQHC	6	15,000	60
	North Central Illinois FQHC	8	14,000	70
	DuPage County/ Western Suburbs FQHC	12	23,500	200
YEAR 4 (7 partners)	South and West Chicago FQHC	7	13,000	60
	Southern Illinois FQHC	12	8,000	70
	West Cook and South Chicago FQHC	5	7,500	60
	Northern Illinois / Winnebago County FQHC	8	15,500	60
	West Chicago FQHC	6	15,000	60
	North Central Illinois FQHC	8	14,000	70
	DuPage County/ Western Suburbs FQHC	12	23,500	200
TOTAL		363	558,175	3,944

## EXHIBIT B. LETTERS OF SUPPORT



### DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

November 17, 2021

Dr. Fred Rachman  
Chief Executive Officer (CEO)  
AllianceChicago  
225 W. Illinois Street, 5<sup>th</sup> Floor  
Chicago, IL 60654

Dear Dr. Rachman,

The Chicago Department of Public Health (CDPH) is in support of AllianceChicago's proposal to HFS Healthcare Transformation Collaborative to fund Illinois Contraceptive Access Now (ICAN) in its efforts to build the capacity of Federally Qualified Health Centers (FQHCs) statewide to serve as Contraceptive Care Quality Hubs.

We strongly support this grant application and its specific focus on workforce development with the goal of improving the quality of patient centered contraceptive care embedded in primary care settings. CDPH's Maternal, Infant, Child and Adolescent Health Bureau is responsible for administering multiple programs related to improving the health outcomes for people of childbearing years and their families; therefore, strongly believe the work by ICAN is fundamental to a healthy start. Also, this project is well-aligned with our state partner's 2020 MCH-Title V needs assessment priority to "assure accessibility, availability, and quality of preventive and primary care for all women, particularly for women of reproductive age."

Despite Illinois' progress around reproductive health, Black, Indigenous, and People of Color (BIPOC), young people, and people with low resources face persistent barriers to high-quality contraceptive care and experience disparities in reproductive health outcomes—challenges that have been exacerbated by the COVID-19 pandemic. Having worked alongside the leaders of both AllianceChicago and ICAN, we know they have the expertise, ability, and relationships to deliver the training, technical assistance, and capacity building support FQHCs need to ensure sustainable access to contraceptive care delivered within a reproductive justice framework.

We look forward to collaborating with ICAN to advance reproductive equity in Chicagoland. With access to contraceptive care that is convenient, comprehensive, person-centered, trauma-informed, and free from bias, we can reduce persistent disparities in reproductive and maternal health outcomes and provide every person with the ability to decide if, when, and under what circumstances to become pregnant and parent.

Sincerely,

A handwritten signature in black ink, reading "Allison Arwady, MD". The signature is fluid and cursive, with the last name "Arwady" being the most prominent part.

Allison Arwady, MD  
Commissioner

November 18, 2021

Dr. Fred Rachman  
Chief Executive Officer (CEO)  
AllianceChicago  
225 W. Illinois Street, 5<sup>th</sup> Floor  
Chicago, IL 60654

Dear Dr. Rachman,

I write with great enthusiasm on behalf of the CPS Office of Student Health and Wellness in support of AllianceChicago's proposal to HFS' Healthcare Transformation Collaborative to fund Illinois Contraceptive Access Now (ICAN). Concerted effort is critical to build statewide capacity of Federally Qualified Health Centers (FQHCs) to serve as Contraceptive Care Quality Hubs, and we endorse this effort wholeheartedly.

We strongly support this grant application and its specific focus on workforce development with the goal of improving the quality of patient-centered contraceptive care embedded in primary care settings, including school-based health centers. CPS administers many programs designed to improve health outcomes for over 330,000 students and their families. Our long experience and dedication to our mission and its implementation lead us to believe strongly in ICAN's work, and we view that work as fundamental to student wellness.

Despite Illinois' progress around reproductive health, Black, Indigenous, and People of Color (BIPOC), young people, and people with low resources face persistent barriers to high-quality contraceptive care and experience inequities in health outcomes—challenges that have been exacerbated by the COVID-19 pandemic. Having worked alongside the leaders of both AllianceChicago and ICAN, we know that they have the expertise, ability, and relationships to deliver the training, technical assistance, and capacity building support that FQHCs need to ensure sustainable access to contraceptive care delivered within a reproductive justice framework.

We look forward to collaborating with ICAN to advance reproductive equity in Chicagoland. With access to contraceptive care that is youth-friendly, medically-accurate, trauma-informed, and free from bias, we can disrupt inequities in health outcomes and provide every person with the ability to decide if, when, and under what circumstances they are to become pregnant and parenting.

Sincerely,



Kenneth Fox MD  
Chief Health Officer

Cc: Kai Tao, Principal of Impact and Innovation, ICAN